What is it?
The intrauterine device (IUD) is a birth control device that is placed into a woman’s uterus by a health care provider. IUDs are typically made of plastic or metal and have a string attached. Their presence changes the physical environment of the reproductive tract. These changes can prevent the egg from being fertilized and/or prevent a fertilized egg from implanting in the uterus. IUDs containing these very low doses of the female hormone progesterone can stay in place 3–7 years, depending on the type of IUD you choose. IUDs containing copper can stay in the uterus for up to 10 years. The IUD is an excellent method of birth control for some patients, but it is not for everyone. For those women for whom it is a good choice, the IUD is both convenient and highly effective.

Is an IUD right for you?

Advantages

Many women choose an IUD because:

• It is more than 99% effective as a method of preventing pregnancy.
• Sexual intercourse does not need to be interrupted to insert a birth control device (e.g., diaphragm) or apply a spermicide or condom.
• Once in place, the IUD is effective 5 to 10 years. There is no need to remember pills, patches, rings, diaphragms, etc.
• The IUD is typically not noticeable during intercourse.
• IUDs containing progesterone decrease the amount of bleeding and cramps during periods.
• IUDs are reversible; fertility is restored once the IUD is removed.

Disadvantages

The IUD does not protect against sexually transmitted infections (STIs). Additionally, though the risk is small, the following problems could occur while you are using an IUD.

• Pain with insertion. IUDs may not be a good choice for women who have difficulty with pelvic exams or with medical procedures such as blood draws or injections.
• The non-hormonal IUD can cause increased menstrual bleeding and cramps, particularly during the first few weeks after insertion.
• Spotting between menstrual periods.
• Unnoticed accidental expulsion or partial expulsion of the IUD, which may result in unexpected pregnancy.
• Embedding of the IUD in the uterus, which is rare, but can make removal difficult.
• Potential for persistent pelvic pain. Some women can have prolonged cramping and pain after the insertion of an IUD.
• Potential for perforation of the uterus by the IUD, with possible damage to other internal organs as well. This is rare but can be serious.
• Potential problems if pregnancy occurs with an IUD in place.

Talk to your health care provider about the risks of using an IUD if you have had any of the following problems:

• heavy menstrual bleeding.
• an infection in any of your reproductive organs (ovaries, uterus, fallopian tubes).
• pregnancy in a fallopian tube (ectopic pregnancy).

Contraindications

Reasons this may not be a method for you include:

• cancer in the uterus or cervix
• unexplained vaginal bleeding
• pregnancy
• pelvic inflammatory disease
• allergy to copper or metals (for the copper IUD only)

If you think the IUD is for you

Make an appointment for an initial consultation regarding the IUD. If it is agreed that this is a good match, the health care provider will help you determine which type of IUD is best for you, and schedule a time for insertion. The IUD is often inserted during a menstrual period, when the cervix is slightly open and you are least likely to be pregnant. It takes only a few minutes to insert an IUD. You may feel some cramping pain when the IUD is being inserted. You may be given pain medicine to help control discomfort during insertion.

A post-insertion appointment will be scheduled in four to six weeks. During this appointment, the clinician will examine you to be sure the IUD is in the correct position. During the first few months after insertion of an IUD, check for the string after every menstrual period and before you have intercourse. You can do this by putting a
finger inside the vagina and feeling for the string near the cervix. If you cannot feel the string, or you feel the hard plastic or metal of the IUD (not just the string), it may no longer be in the correct position. If this occurs, use a back-up method (such as condoms) and call for an appointment to have your IUD checked.

Should you wish to discontinue the use of your IUD, do not attempt to remove it yourself. It can be removed by a clinician at any time. It is best to avoid making a removal appointment near the time of ovulation due to the risk of pregnancy. Alternatively, intercourse should be avoided within five days of removal to avoid the risk of pregnancy.

**Additional considerations**

An IUD cannot protect against sexually transmitted infections (STI) including HIV. Latex barriers (condoms or squares) are the best way for sexually active people to protect themselves against STIs when you or your partner have had other sex partners. Condoms, lubricants, and other sexual health products can be purchased at the Gannett Pharmacy.

**For more information**

The clinicians and sexual health nurses at Gannett can talk with you about any questions you may have about the IUD, other birth control methods, and/or reducing risks of STIs and/or infection. Request an appointment via phone (607 255.5155), online via myGannett, or by visiting us during business hours.

On the web:
- www.simplymirena.com
- www.paragard.com
- www.arhp.org/Publications-and-Resources/Patient-Resources/printed-materials/Understanding-IUDs
- http://familydoctor.org

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**Contact Us:**
We're open Mon–Sat, except for breaks.
Check web for hours: www.gannett.cornell.edu

phone: 607-255-5155
fax: 607-255-0269
110 Ho Plaza, Ithaca, NY 14853-3101

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